

PROPERTY AND CASUALTY INSURERS QUARTERLY PREMIUM TAX PAYMENT DUE DATE: APRIL 15, 2008

NAIC #	Check Number	<u>:</u>
	QUARTERLY TAX PAYMENT CALCU	JLATION
	. '07 premium tax liability (#7 from tax return) or 90% of anticipated 2008 tax	\$
2	2. Less allowable deductions (See instructions on back)	\$
3	3. Total 2008 quarterly pre-payment (line #1 - #2)	\$
	For Enter 25% of the amount on line #3 5. Amount of 2007 overpayment applied to this payment (see line #39 of the tax return)	\$\$(
6	5. QUARTERLY AMOUNT REMITTED (#4 - #5)	\$(Instructions on back)
N	Mail payment to: Montana Ins Dept - 840 Helena Ave - H	elena MT 59601
SAI-23 (10/07		
State of Montana	PROPERTY AND CASUALTY INSU QUARTERLY PREMIUM TAX PAY DUE DATE: JUNE 15, 2008	
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PROPERTY AND CASUALTY INSURERS QUARTERLY PREMIUM TAX PAYMENT DUE DATE: SEPTEMBER 15, 2008

NAIC #	Check Number	<u>.</u>
	QUARTERLY TAX PAYMENT CALCU	LATION
	1. '07 premium tax liability (#7 from tax return) or 90% of anticipated 2008 tax	\$
	2. Less allowable deductions (<i>See instructions on back</i>)	\$
	3. Total 2008 quarterly pre-payment (line #1 - #2)	\$
	4. Enter 25% of the amount on line #3	\$
	5. Amount of 2007 overpayment applied to this payment (see line #39 of the tax return)	\$()
	6. QUARTERLY AMOUNT REMITTED (#4 - #5)	\$(Instructions on back
	Mail payment to: Montana Ins Dept - 840 Helena Ave - H	elena MT 59601



PROPERTY AND CASUALTY INSURERS QUARTERLY PREMIUM TAX PAYMENT DUE DATE: DECEMBER 15, 2008

NAIC #	Check Number:
QUARTERLY TAX PAYM	MENT CALCULATION
1. '07 premium tax liability (#7 from tax r or 90% of anticipated 2008 tax	return) \$
2. Less allowable deductions (See instruct	ions on back) \$
3. Total 2008 quarterly pre-payment (line	#1 - #2) \$
4. Enter 25% of the amount on line #35. Amount of 2007 overpayment applied t	\$
payment (see line #39 of the tax return)	
6. QUARTERLY AMOUNT REMITTI	ED (#4 - #5) \$(Instructions on bac

Mail payment to: Montana Ins Dept - 840 Helena Ave - Helena MT 59601

SAI-23 (10/07)

OUARTERLY TAX PAYMENT INSTRUCTIONS

Line #2 Instructions

The quarterly amounts should be reduced by subtracting the following **allowable deductions:**

Total allowable deductions to transfer to line #2 (on front):	\$
B. Montana Comprehensive Health Association assessments: (excluding HIPAA Plan Liability assessments)	\$
A. Anticipated 2008 tax offsets (20% of Montana Life and Health Ins Association assessments paid during tax years 2003-2007):	surance Guaranty

Please do not combine amounts for affiliated companies on a single check.

If the amount on line #3 is zero or a negative amount: Enter zero on line #3 and #6 on all 4 payment vouchers and return all 4 vouchers to this office by April 15, 2008.

If insurer deems the total 2008 quarterly pre-payment requirement on line #3 to be a minimal amount (less than \$100), combine all 4 payments in one check, complete all 4 vouchers and submit the payment on or before April 15, 2008.

If premium writings have declined from the previous year, you may substitute the amount on line #1 with an amount equaling 90% of the 2008 anticipated premium tax.

If you have any questions, please contact our office at (406) 444-2040.

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Other Instructions

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